

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

RODNEY NEIL SANSBURY #39063

[Enter the full name of the plaintiff in this action]

Civil Action No. \_\_\_\_\_

(to be assigned by Clerk)

v.

**COMPLAINT**  
State Prisoner

AL CANNON, Sheriff

LUCAS, Chief

ASHLEY DELL, Legal Liason

~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ JAMES ATCHINSON, ARAMARK

NURSE DOCHER, MEDICAL

[Enter above the full name of defendant(s) in this action]

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**I. PREVIOUS LAWSUITS**

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonment? Yes \_\_\_\_\_ No X

B. If your answer to A is Yes, describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

1. Parties to this previous lawsuit:

Plaintiff: N/A

Defendant(s): N/A

2. Court: N/A

(If federal court, name the district; if state court, name the county)

3. Docket Number: N/A

4. Name(s) of Judge(s) to whom case was assigned: N/A

5. Disposition: N/A

(For example, was the case dismissed? Appealed? Pending?)

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

## II. PLACE OF PRESENT CONFINEMENT

A. Name of Prison/Jail/Institution: Charleston County Detention CenterB. What are the issues that you are attempting to litigate in the above-captioned case? LEGAL ACCESS  
And food, And MedicalC. (1) Is there a prisoner grievance procedure in this institution? Yes X No       (2) Did you file a grievance concerning the claims you are raising in this matter? Yes X No       When 2-3-09/1-09 Grievance Number (if available) N/AD. Have you received a final agency/departamental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes        No XE. When was the final agency/departamental/institutional answer or determination received by you? Refused To Answer*If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.*F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes        No       

G. If your answer is YES:

1. What steps did you take?       2. What was the result?       

## III. PARTIES

*In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any.*A. Name of Plaintiff: Rodney Neil Sansbury Inmate No.: 39063  
Address: 3841 LEEDS AVE N. CHARLESTON, SC 29405*In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.*B. Name of Defendant: AL Cannon Jr, Sheriff Position: Sheriff  
Place of Employment: Charleston County

C. Additional Defendants (provide the same information for each defendant as listed in Item B above):

ASHLEY DELL, LEGAL LIASON Charleston County Detention Center  
NURSE DOSCHER, MEDICAL Charleston County Detention Center  
ARAMARK, FOOD SERVICE CO., Charleston County Detention Center

## IV. STATEMENT OF CLAIM

State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

I've been housed at the Detention Center since 12-10-08. During this time I've continually asked for access to legal books to inform me of my rights as well as better prepare for my case. I have not been answered in regard to requests and or grievances. ① No access to legal materials. Furthermore, food is at sub standard level. Portions are very small and there is no real food i.e., everything is powder such as eggs, and the juice never has sugar in it and the food is always cold. Meals are never warm when they reach inmates, especially in the mornings. My diet is to consist of a high protein diet; however, I get the exact same thing as everyone else. The doctor specifically states that I am to ~~receive~~ receive milks with my meal but to no avail. I've grieved these issues but to no avail. My medical condition calls for high protein and or high calorie per medical but ARAMARK refuses to comply with doctors orders. ② Food service is not feeding me my diet as doctor prescribed. Last but not least, my medication is not being properly dispensed to me on the weekends. My medication requires me to take it with food. During the weekends my medication comes 3 hours after breakfast when my food has been digested and in order for me to receive it I must swallow meds in front of nurse. Well my meds are so strong that the side affects are nausea and vomiting if not taken properly. Not only am I having to suffer

## IV. STATEMENT OF CLAIM - continued.

these side affects on the weekends. I am also lucky to get any meds on the weekend for example this weekend my meds were not delivered to me at all. As I was saying if my meds are not taken properly my body becomes resistant and my medication wont work. Once my meds become ineffective my immune system breaks completely down and my health becomes unmanageable. Last But Not Least - ~~inmate~~ I am not allowed to have visitation that is adequate because the system is default. The monitors do not work properly and my visit refuses to come because she can't hear anything I say nor can I hear her. I have complained but the jail personnel refuses to rectify the situation inmates in other units are allowed to have adequate sight and sound during visitation so should I.

## V. RELIEF

State briefly and exactly what you want the court to do for you.

TO HAVE CHARLESTON COUNTY DETENTION CENTER  
MAKE AVAILABLE A LAW LIBRARY FOR INMATES TO  
USE IN ASSISTING ~~THEIR~~ WITH THEIR CASES.  
I WOULD ALSO REQUEST THAT THE COURTS ASSURE THAT ALL  
FOODS SERVED IN THE JAIL ARE IN ACCORDANCE WITH THE  
NUTRITIONAL GUIDELINES SET FORTH BY THE FDA. AND OR  
STATE AND LOCAL REGULATIONS. I RECEIVE NO DAIRY PRODUCTS OR VEGETABLES.  
IN ADDITION, I WOULD LIKE THE COURTS TO ASSURE THAT  
THE DISPENSING OF MEDICATIONS BE FOLLOWED BY THE LETTER  
PER DOCTORS ORDERS AND THAT THE COMPANY UNDER CONTRACT  
FOR THE JAIL ADHERE TO THE DOCTORS ORDERS IN REGARD TO  
DIETS, THE COMPANY UNDER CONTRACT IS ARAMARK.  
I WOULD LIKE TO REQUEST THAT MY CHARGES BE DISMISSED  
FOR LACK OF ~~ANY~~ ACCESS TO LAW BOOKS AND STATUTE  
IN PERTINANCE TO MY CASE. FINALLY I WOULD LIKE  
TO REQUEST MONETARY DAMAGES IN THE AMOUNT OF  
\$500,000.00.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 19<sup>th</sup> day of February, 2009

*Rodney N. Sansbury*  
Signature of Plaintiff